

State Of Rhode Island and Providence Plantations
Department of Administration
Division of Taxation
One Capitol Hill
Providence RI 02908

Bond of a Motor Fuel Distributor

Bond Number _____

Know All Men By These Presents:

That _____
individual doing business as _____
a partnership _____
a corporation organized and existing under the laws of the State of _____
a limited liability company organized and existing under the laws of the State of _____
in the city or town of _____ in the State of _____
as principal, and _____
a corporation organized and existing under the laws of the State of _____
and having a principal place of business in the State of _____ and Duly authorized to
transact a surety business in the State of Rhode Island and Providence Plantations, as surety, are holden
and stand firmly bound and obligated unto _____
General Treasurer of the State of Rhode Island, and to any successor in said office, in the sum of
_____ Dollars (\$ _____) for payment of
which well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the principal has made application
to the Tax Administrator for registration as a "Distributor" under the provisions of Chapter 36 of Title 31 of
the 1956 General Laws, as amended to date.

NOW, THEREFORE, If the Tax Administrator shall issue the registration certificate applied for, and if
the principal shall pay all taxes, interest, and penalties or forfeitures prescribed in accordance with the
provisions of Chapter 36 of Title 31 of the 1956 General Laws as amended, then this obligation shall be
void; otherwise it shall be and remain in full force and effect.

This bond shall be a continuing bond for an indefinite period and shall not expire until cancellation as
herein-after provided. Such cancellation may be effected by any of the parties hereto by giving to each of
the parties thirty (30) days notice in writing by registered mail postage prepaid. This bond shall remain in
full force and effect for violation of any condition hereof which occurred prior to the effective date of
cancellation, for a period of one year and a day after the expiration of this bond as herein provided, unless
a certificate be issued by the Administrator to the effect that all taxes due to the State have been paid.

Witness our hand and seal this _____ day of _____ AD...19_____

NAME OF PRINCIPAL AND CORPORATE SEAL

WITNESS AS TO PRINCIPAL

BY: _____
SIGNATURE AND TITLE

BY: _____
NAME AND TITLE

NAME OF SURETY AND CORPORATE SEAL

WITNESS AS TO SURETY

BY: _____
SIGNATURE AND TITLE

BY: _____
NAME AND TITLE

STATE OF
COUNTY OF

Personally appeared before me _____
and _____ to me known and known to be the
_____ and _____ of and the persons who executed the
foregoing instrument in behalf of _____, one of the parties to
the foregoing instrument; and each of them acknowledged said instrument by him signed to be his free act
and deed as such officer and the free act and deed of said _____.

STATE OF
COUNTY OF

Personally appeared before me _____
and _____ to me known and known to be the
_____ and _____ of and the persons who executed the
foregoing instrument in behalf of _____, one of the parties to
the foregoing instrument; and each of them acknowledged said instrument by him signed to be his free act
and deed as such officer and the free act and deed of said _____.

STATE OF
COUNTY OF

Personally appeared before me _____
and to be the person executing the foregoing instrument as Principal and he acknowledged the same to
be his free act and deed.

BOND
OF
MOTOR FUEL DISTRIBUTOR
TO THE
GENERAL TREASURER
OF THE
STATE OF RHODE ISLAND

.....
Principal
.....
.....

.....

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL PROVIDENCE RHODE ISLAND 02908

TO ALL LICENSED MOTOR FUEL DISTRIBUTORS

INSTRUCTIONS FOR PREPARING MOTOR FUEL DISTRIBUTOR BONDS

The bond must be executed in Rhode Island by a surety company licensed to transact surety business in this State through an Attorney-in-Fact who is a Licensed Rhode Island Resident Agent.

A Power of Attorney designating a Rhode Island Resident Agent as an Attorney-in-Fact on behalf of the surety must be attached to the bond and carry the corporate seal of the surety and bear the same date as the execution date of the bond.

The legal name of the principal as it appears on the bond and the corporate seal must be inserted over the signature of the person signing the bond on behalf of the principal. In addition, the name and title of the signatory must appear under the signature and the signature must be witnessed.

The legal name of the surety as it appears on the bond and the corporate seal must be inserted over the signature of the Attorney-in-Fact signing the bond on behalf of the surety. In addition, the name and title of the signatory must appear under the signature and the signature must be witnessed.

The acknowledgement on the reverse of the bond on behalf of the principal must be properly and completely executed and notarized.

The acknowledgement on the reverse of the bond on behalf of the surety must be properly and completely executed and notarized.

The name of the General Treasurer of the State of Rhode Island must be inserted on the bond.

Effective January 1, 1998, the bond shall be a continuous bond. The Division of Taxation will notify licensed distributors annually regarding any increase or decrease in the amount of the bond and the due date of the appropriate riders and or continuation certificates. The amount of the bond is based on the average annual tax paid by the distributor. New applicants must post a \$250,000 bond.

If you have any questions regarding these instructions, contact the Rhode Island Division of Taxation Excise Tax Section at (401) 222-2953.

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
EXCISE TAX SECTION
ONE CAPITOL HILL, PROVIDENCE, RI 02908

APPLICATION FOR DISTRIBUTOR REGISTRATION CERTIFICATE

Application is hereby made for registration as a Distributor of Motor Fuels in the State of Rhode Island, in accordance with the provisions of Chapter 36 of Title 31, 1956, as amended.

1. Name of Applicant _____
(NAME IN WHICH LICENSE IS TO BE ISSUED)

2. Address of Home Office _____
(STREET and NUMBER)

(CITY OR TOWN, COUNTY, STATE & ZIP CODE)

3. Address of Principal Office in this State _____

4. State if Individual or Partnership _____

5. Give name(s) and address(es) of each owner:

Owner's Name:	Address:	Social Security #:

6. If corporation, give name of State in which incorporated _____

7. If corporation, give EIN#: _____

8. If corporation, give names and addresses of the following officers:

Officers:	Name:	Address:	Social Security #:
President			
Vice-President			
Secretary			
Treasurer			

9. Give name, title and address of Agent in Rhode Island on whom service may be made:

10. State manner in which fuels will be obtained (importation from, manufactured at, etc.) _____

11. List of Rhode Island suppliers:

12. Give storage capacity: Gasoline _____ Diesel _____
Other Fuels _____

13. Location of storage tanks _____

The undersigned hereby certifies that the information given on this form is true, correct and complete to the best of his knowledge and belief.

Date _____ 19____ Name of Applicant _____
By _____
Official Position _____
Telephone Number _____

The following must accompany this application:

1. the company's most current certified and unqualified financial statement;
2. a copy of IRS Form 637 Registration;
3. a copy of motor fuel distributor's licenses (gasoline and special fuels) issued by the applicant's home state.

FOR OFFICE USE ONLY

Approved By: _____

Date Issued: _____

Registration Number: _____